TOWN OF STEPHENS CITY, VIRGINIA



P.O. Box 250 1033 Locust Street Stephens City, VA 22655 540-869-3087

PERMIT #	
FEE AMOUNT:	
APP DATE:	

STEPHENS CITY ZONING PERMIT

The applicant shall provide the following information:

All parcel numbers, tax map numbers, deed book pages and numbers may be obtained from the Office of the Commissioner of Revenue, 107 N. Kent Street, Winchester, VA.

Applicant's Signature	Applicant (Ple	: case use the reverse side to list addition	onal applicants)
Telephone:	Street Address:		
E-Mail:	City:	St.:Zip):
Contractor's Name:	Telepho	one:	
Site Address:	City:	St.: Zip):
Type of Development (describe):			
Zoning of Property:	Job Valu	ıe: \$	
Bldg. Size: No. of Stories	·		
Set Back Distances: FrontSides	Rear		

Please attach a site plan for the proposed structures and size of location showing set back lines, all easements and right-of-ways, flood plain and parking area.

APPROVED OR DENIED	
Approval Date:	Zoning Administrator